Branch Medical Clinic News Letter

iwa30.med.navy.mil September - December 2000

Routine Appointment Hours:
0800-1600 Mon, Tue, Wed & Fri
0800-1130 Thursdays
0800-1200 Most Saturdays
Special Women's Health Clinic
0800 - 1200 1st Saturday of the Month

Phone Numbers
Appointment Desk - 3445/3438/4130
Urgent Care - 5571
Pharmacy 3010 Refills - 3014
Ambulance – 116

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From the OIC:

CDR Paul W. Lund, MSC, USN

I'd like to congratulate our Chief "Selects" and our new Lieutenant Commander and Lieutenant "Selects". If you run into any of these folks during your travels around the base or in the Clinic please offer your congratulations. They are HMC Teresita Ramos, HMC Kathy Taeza, HMC Neil O'Hanrahan, HMC Mamudu Cole (VMFA 212), HMC Archivo Urbano (MWSS 171), HMC Gero Guansing (MWSS 171), HMC Arthur Rosete (MWSS 171), LCDR Heather Gilchrist, LCDR Michelle Mingrone, and LT Gino Narte.

We've also had a big personnel turnover this past summer and I'm very impressed with our new staff members. While it's always sad to see people leave, it's very refreshing to see new staff members stepping right in and contributing from their first day on board. I'm very exited for the upcoming year and I'm confident that the Branch Medical Clinic will be providing our community with the best medical services available.

I'd like to address a few items that were brought to our attention during the August Town Hall meeting. We understand that calling to make appointments can be frustrating since our phone services are limited. There are three phone numbers that you can use to make and cancel appointments at Family Practice; they are 253-3445/3438 and 4130. We appreciate your patience.

There were also questions with regard to non-medical attendants on medevac flights. The purpose of non-medical attendants is to provide assistance to a patient that requires medical care while in route to their care facility and while they are receiving their care. Non-medical attendants must accompany the patient on the medevac. If the patient travels alone and a family member wants to join them later then the family member is not considered a non-medical attendant by the medevac system since they didn't accompany the patient. That is not to say that the family member can't join the patient at a later date; it just means that the medevac system probably cannot be used and alternative travel arrangements need to be made.

As always, we wish to provide you the best possible service and we welcome your feedback.

Charlie Golf One

Standing by to assist.

From the Environmental Health Officer:

LT Enrique Torres, MSC , USN

Influenza Vaccine: What Do You Need To Know

Influenza, commonly known as "the flu", is an acute respiratory infection caused by viruses. Flu-related complications can occur at any age; however, the elderly, young and those with chronic health problems are more likely to develop serious complications.

What are the signs/symptoms?

Influenza spreads primarily from person to person (airborne droplets that enter the body through nose and mouth especially by coughing and sneezing). After a person has been infected the symptoms usually appear within 2 to 4 days. It can cause fever, dry cough, chills, sore throat, headache, muscle ache, stuffy nose and extreme fatigue. The term "stomach flu" should not be confused because it is not related to Influenza, but it is used to describe gastrointestinal illnesses caused by other microorganisms.

Most people will be ill with the "flu" for 1 or 2 weeks. Some others may develop complications such as pneumonia.

What can you do to prevent the "flu"?

Much of the illness and fatalities caused by influenza can be prevented by annual influenza vaccinations. To reduce your chances of exposure to the virus, wash your hands frequently and keep them away from your face as much as possible.

Why and Who should get vaccinated?

"Flu" outbreaks can significantly affect mission readiness, and in a small percentage of high risk groups can be fatal. Influenza vaccine is strongly recommended for any person 6 months or older with risk for complications. These include:

- Persons age 50 or older
- Adults and children who have chronic disorders (heart, lung, kidney, diabetes, anemia and asthma)
- Anyone whose immune system is weakened (HIV/AIDS or a weakened immune system caused by medication)
- Women who will be in 2nd/3rd trimester (greater than or equal to 14 weeks gestation) of pregnancy during influenza season.

What is the risk?

The risk of the vaccine causing serious harm is very small. Influenza vaccine is only contraindicated in persons with hypersensitivity (allergy) to eggs, evidence of previous reaction to a dose of the vaccine or history of Guillain-Barre Syndrome.

Mild side effects are: soreness, redness or swelling where the vaccination was given. The vaccine **does not** affect the safety of the mothers who are breast-feeding.

What are some of the misconceptions of the "flu" vaccine?

Fiction: The "flu" vaccine can cause the "flu". I got it last year!!!

Facts: The "flu" vaccine is prepared from inactivated (killed) virus, which cannot cause infection. Some people after vaccination get exposed to other respiratory illnesses (like the common cold) and blame the vaccination erroneously .

Even if you get exposed to a strain of influenza that is not included in the vaccine, it is still likely to lessen the severity of the illness.

Why the vaccine must be taken every year?

Influenza viruses change continually and the immune response declines over time (levels are low after a year).

If you have further questions, please contact Preventive Medicine/Environmental Health Division at 253-3419.

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From the Audiologist:

LT Kim Gullickson, MSC , USNR

Some Common Myths About Hearing Loss

The following statements are some common misconceptions about hearing and hearing loss. See how many of them you know:

- Hearing loss is mostly caused by aging.
  False. Research shows that ongoing exposure to loud sounds, not age, is the major cause of hearing loss.
- If you had a hearing loss, you would certainly know about it.
  Not necessarily. Often, hearing loss develops slowly and subtly. A hearing test may pick up changes in hearing before we notice it. That's why it's so important to get regular hearing tests, especially if you work in noise or have a noisy hobby like carpentry, hunting or playing in a band.
- Loud sounds are not dangerous as long as you don't feel any pain in your ears.
  False. The threshold for pain is about 140 decibels (dB) sound pressure level (SPL), but sound begins to damage hearing when it is above 84 dB SPL. To give you an idea of how loud that is, a typical forklift is 85 dB, a lawnmower is 90 dB, an average rock concert is 115 dB, and an F-18 jet is 140 dB SPL or greater.
- If you have hearing loss already, you don't have to protect your ears anymore.
  False. Hearing loss accumulates. More exposure to loud noise leads to more hearing loss.
- Most people like their music loud.
  False. Although some people may like loud music, particularly if they already have hearing loss, most audiences note little perceptible difference between music played at 85 dB SPL and 100 dB SPL. However, music played at 100 dB is much more dangerous than at 85 dB, having 32 times more destructive power. As mentioned above, a typical rock concert is 115 dB. So it's a good idea to bring a pair of earplugs to your next concert!
- Rock and roll music can cause a hearing loss, but music by Mozart and Beethoven certainly can't be damaging.
  False. How loud the music is and how long you listen to it is all that matters. Therefore, classical music can be just as damaging as rock music or industrial noise. In fact, research shows that 52% of classical musicians have some degree of hearing loss.

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Top Ten Health/Medical Web Sites Used By Consumers And Clinicians Worldwide

US National Library of Medicine www.nlm.nih.gov
Medscape www.medscape.com
WebMD www.webmd.com
DrKoop www.drkoop.com
Med411: www.med411.com
British Medical Journal www.bmj.com
Intelihealth www.intelihealth.com
Mayo Health System www.mayohealth.org
Centers for Disease Control and Prevention www.cdc.gov
Health on the Net Foundation www.hon.ch

Contraception and related women's health issue sites:

ACOG www.acog.org (American College of Obstetricians and Gynecologists)

ACNM www.acnm.org (American College of Nurse Midwives)

AGI www.agi-usa.org/index.html (Alan Guttmacher Institutes, a non profit organization focused on reproductive health research, policy analysis and public education).

ARHP www.arehp.org (Association of reproductive health professionals, an interdisciplinary organization that fosters research an advocacy to promote reproductive health).

Cochrane Library http://hiru.mcmaster.ca/cochrane/cochrane/cdsr.htm> (Cochrane database of systematic, evidence-based reviews of controlled clinical trails).

Healthy People 2010 http://www.health.gov/healthypeople>

Researchers form the National Cancer Institute and the National Surgical Adjuvant Breast and Bowel Project have developed the Breast Cancer Risk Assessment Tool to help clinicians project a women's individualized estimate of breast cancer risk. The computer-based tool is available by calling 800-4-CANCER (422-6237) or accessing the Web site http://cancertrials.nci.nih.gov.

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The Pap Test: How and why it can help women.

LCDR. Lauren Rodier
U.S. Naval Hospital Yokosuka

Since the Pap test was initiated as a routine procedure fewer women have died from cervical cancer. It is a silent disease that usually shows no symptoms and progresses slowly in its early stages. That is why a yearly Pap test can detect cell changes before they turn cancerous. The Pap smear is a painless procedure in which cells are scraped from the cervix and/or vagina and sent to a specialist to look for abnormal changes in the cells.

Who is at increased risk of getting cervical cancer?

People who smoke, have a history of sexually transmitted disease or have had sex at a young age are at the greatest risk for cervical cancer.

What do the results mean?

You should receive communication from the hospital or clinic either as a letter or a telephone call about your health results. It is very important that your clinic have your current address and telephone number in order to reach you. It is also important that if you don't hear from the clinic in the prescribed time, you should call to obtain your results.

If the results are normal then follow up as instructed by your provider.

If the results are abnormal then return for additional tests. An abnormal result does not mean you have cancer. It may be necessary to repeat the Pap test in three to four months or to have an exam that looks more closely at the cervix.

Remember that the Pap test is to discover abnormal cells preferably before they change into cancer cells.

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Educational and Developmental Intervention Services (EDIS)

My name is LT Michele M. Mingrone, I am the new EDIS team leader. I am also the first full time Occupational Therapist to staff the Iwakuni EDIS program. Coming from Naval Medical Center, San Diego, I've been here seven months and look forward to completing a two year tour as part of the Branch Medical Clinic staff. Also new this fall is LT Amy Park. She is our new child psychologist. She recently completed a Fellowship at the Children's Hospital in Boston and, prior to coming to Iwakuni, was stationed at the Naval Medical Center, San Diego, Child and Adolescent division, and will be here on a two year tour.

Our EDIS program recently completed monitoring by DoDDs special education for Japan. Our program was identified to have many commendable, positive features and I am confident that we have one of the best teams in Japan . We look forward to our fall school year and working with all our special needs children and their families here in Iwakuni.

Although EDIS is a division of the Branch Medical Clinic, it is located in Building 553 of the school complex in order to be closer to the children that they serve. The specialists at EDIS are available to provide developmental screenings, evaluations in their specialties, counseling services, and treatment as needed. Children can be referred for services by their parents, the school, or by their physician. Please call 253-4562 for further information.

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Letter of Appreciation

Comments on Patient Satisfaction Survey:

I would just like to add to this survey that Dr. [Lillian] Ostergaard has been the best medical doctor I have had the pleasure to see. She has ensured that the well being of my children are always top priority. As my son had recurring ear infections when was there to give me all the information necessary and was always available if I needed to call for information. She is really wonderful with children.

Happy Parent

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Immunizations - General Overview

From DrKoop.com

DEFINITION

A process to initiate or augment resistance to an infectious disease.

BACKGROUND INFORMATION

The immune response protects the body against disease. Infants are born with a natural (inborn) immunity against disease (the result of antibodies transmitted from the mother to the unborn child and to infants through breast milk). However, this immunity is temporary, lasting only through early infancy.

Immunization (vaccination) is a means of triggering acquired immunity. This is a specialized form of immunity that provides long-lasting protection against specific antigens, such as certain diseases. Small doses of an antigen (such as dead or weakened live viruses) are given to activate immune system "memory" (specialized white blood cells that are capable of "recognizing" the antigen and quickly responding to its presence). Memory allows the body to react quickly and efficiently to future exposure to microorganisms before they can cause dangerous diseases (the body builds "resistance" to the disorder). Immunization is one of the best means to protect against many of the contagious diseases (those that can be passed from person to person).

Four different types of vaccines are currently available.

- Attenuated (weakened) live virus is used in the oral polio vaccine and in the measles, mumps, and rubella (MMR) vaccine .
- Killed (inactivated) viruses or bacteria are used in some vaccines. For example, the pertussis vaccine uses killed virus.
- Toxoid vaccines contain a toxin produced by the bacterium or virus. For example, the diphtheria and tetanus vaccines are actually toxoids.

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A Note from Your Clinic Health Promotion Officer

I want to take this opportunity to introduce myself to all of those here at MCAS Iwakuni. My military career began in 1985 when I joined the Air Force and was sent overseas to RAF Lakenheath, England to begin my assignment as a Medical Technician (what the Navy and Marine Corps call a Corpsman). Those first two years were filled with awe, excitement, and some trepidation as I learned as much as I could about how to take care of a variety of patients with a variety of conditions. I left the Air Force in 1989 to pursue my nursing degree at Auburn University in Montgomery, Alabama. It was at this time that I discovered the Navy Nurse Corps through an advertisement at the university. Following a number of discussions with a Nurse Corps recruiter about the rewarding opportunities of a Navy career, I joined the Navy at the end of 1989. Upon graduating with Bachelor of Science in Nursing in 1991, I was sent to Naval Hospital Oakland where I worked in both the Cardiac Stepdown Unit and Recovey Room during my tour. In 1994 I was off to Okinawa where I was assigned to the Labor and Delivery unit. The Naval Ambulatory Care Clinic in Newport, Rhode Island was my next assignment in 1997. Here I worked in the Women's Health Clinic and, for the last two years of my tour, as the Department Head of Command Education and Training. I transferred to Iwakuni in June of this year and am looking forward to an exciting three years as part of the Branch Medical Clinic team.

Health Promotions is a dynamic, and ever expanding, area in both military and civilian healthcare. The concern of the American people about good health, wellness, and health behavior has reached new heights in recent years, and rightfully so. We now know that better control of behavioral risk factors alone-such as lack of exercise, poor diet, use of tobacco and drugs, and alcohol abuse-could prevent between 40 and 70% of all premature deaths, one-third of all acute disabilities, and two-thirds of chronic disabilities. Statistics such as these are what brings to focus the desire of many people to do something about their health.

Our Health Promotions Department here at the Branch Medical Clinic Iwakuni identifies these issues. We offer comprehensive health education for both individuals and groups in nutrition and weight control, hypertension and cholesterol counseling, diabetic education, and tobacco cessation. Referrals to the Health Promotions Department can be made through your Primary Care Provider or by contacting me at 253-3266.

Once again, I look forward to meeting the needs of all of you and assisting you in your desire to develop a healthy lifestyle. Nothing is easy at first, but with a little determination, effort, and encouragement you can succeed in developing those habits that can give you a more rewarding, and healthy, life.

Warmest Regards Heather K. Gilchrist, LT, NC, USN

From the Optometrist:

LCDR Robert Lewis, MSC, USN

Eye Care Notes: Blepharitis

Blepharitis is a chronic or long-term inflammation of the eyelashes. It affects people of all ages. Among the most common causes of blepharitis are:

- Poor eyelid hygiene
- Excess oil produced by the glands in the eyelids
- A bacterial infection, often staphylococcal
- An allergic reaction

There are two ways in which blepharitis may appear. The most common and least severe, seborrheic blepharitis is often associated with dandruff of the scalp or skin conditions like acne. It usually appears as greasy flakes or scales around the base of the eyelashes and as a mild redness of the eyelid. Sometimes it may result in a roughness of the normally smooth tissue that lines the inside of the eyelids; or chalazia, which are nodules on the eyelids, often painless and firm in texture. An acute infection of the eyelids can result in styes. Ulcerative blepharitis is a less common, but more severe condition that may be characterized by matted, hard crusts around the eyelashes which, when removed, leave small sores that may bleed or ooze. There may also be a loss of eyelashes, distortion of the front edges of the eyelids and chronic tearing. In severe cases, the cornea, the transparent covering of the front of the eyeball, may also become inflamed. In many cases, good hygiene and a regular cleaning routine may control blepharitis. This routine can include:

- Frequent scalp and face washing
- Warm soaks of the eyelids
- Eyelid scrubs

In cases where bacterial infection is the cause, eyelid hygiene may be combined with various antibiotic and other medications; and if the cause is an allergic reaction, the source of the reaction (eye makeup, for example) should be removed. Eyelid hygiene, in all cases, is particularly important upon awakening because debris can build up during sleep. Blepharitis is usually not serious and can often be treated easily, but if left untreated, can be very uncomfortable and lead to a more serious problem. Your eye doctor can determine the cause and recommend the right combination of treatment specifically for you.

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Under our free institutions anybody can poison himself that wants to and will pay the price.

~Mark Twain~

News and Information

Hail and Farewells:

welcome: HN T. Alexander, HN L. Pullins, HM1 W. Moore, and LT T. Meyer (Industrial Hygiene).

fair winds and following seas: HM2 T. Washington (NAVHOSP Charleston), LT G. Betsinger (Fellowship, EPA New Brunswick, NJ), HN C. Tavernier (NAVAMBCARECT Kings Bay), HM3 Lopez-Anderson (VAQ 130, Whidbey Island), HM3 J. Fisher (NMC Quantico).

Selections, Promotions and Awards:

Promotions:

- **HM1 Darrell Timpa, HM2 Chaun Whiteeagle, HM3 Jose Lopez-Anderson, HM3 Michael Wiggins, HM3 Jason Fisher, HM3 Angela Witkowski**

Selections:

Congratulations Chiefs!!!!

- **HMC Teresita Ramos, HMC Kathy Taeza, HMC Neil O'Hanrahan, HMC Mamudu Cole VMFA 212, HMC Archivo Urbano MWSS 171, HMC Gero Guansing MWSS 171, HMC Arthur Rosete MWSS 171**
- **Congratulations to LCDR Selects LT Heather Gilchrist NC and LT Michelle Mingrone MSC**
- **Congratulations to LT select Gino Narte NC.**

Navy and Marine Corps Achievement Medal

- **HM1 Jesus Juarez**
- **HM2 Chaun Whiteeagle**
- **HM3 Jason Fisher**
- **HM3 Holly Tammara**

Flag Letter of Commendation

- **HM1 Teresita Ramos**
- **HM3 Jose Lopez-Anderson**
- **HM3 Jason Fisher**

Good Conduct Award

- **HM1 Teresita Ramos**
- **HM1 Kathy Taeza**
- **HM3 Jeffrey Bozeman**
- **HM3 Alan Beckstrom**

Letters of Appreciation

- **HM1 Arnelio Pareja, HM1 N. O'Hanrahan, HM1 Jay Miller, HM2 Juan Blake, HM2 Malcolm Stowe, HM3 Mirabelle King, HM3 Holly Tammara, HM3 Jeannie Gitano, HM3 Jose Lopez-Anderson, HN Leanne Guillen, HN Ben Thomas, HN Joan Feliz, HN Ryan**

From the Physical Therapist

LT Eric Acoba, MSC, USN

Gross Motor Skills

Definition:

Control of gross (large, general) movements. The opposite of fine (small, precise) movements. The integration of muscular, skeletal, and neurological functions used to produce large, general movements (such as waving an arm or lifting a leg).

The development of gross motor control is a process of refining unintentional, random, uncontrolled movements which results from maturation of the neurological system. Gross motor control precedes fine motor control and is considered a developmental milestone in assessing the neurological development of an infant.

By the end of month one a baby typically:

- Lifts head for short periods of time
- Moves head from side to side
- Prefers the human face to other shapes
- Makes jerky, arm movements
- Brings hands to face
- Has strong reflex movements
- Can focus on items 8 to 12 inches away
- May turn towards familiar sounds or voices
- Responds to loud sounds
- Blinks at bright lights

By the end of month two a baby typically:

- Smiles
- Tracks objects with his eyes

By the end of month three a baby typically:

- Raises head and chest when put on tummy
- Lifts head up 45 degrees
- Kicks and straightens legs when on back
- Open and shuts hands
- Pushes down with legs when placed on a hard surface
- Reaches for dangling objects
- Grasps and shakes hand toys
- Tracks moving objects
- Begins to develop hand-eye coordination
- Brings both hands together
- Kicks legs energetically
- Holds head up with control

By the end of month four a baby typically:

- May sleep about six hours at night before waking (total sleep typically 14 to 17 hours)
- Rolls over (usually stomach to back is first)
- Sits with support
- Lifts head up 90 degrees
- Can follow a moving object for a 180-degree arc
- Explores objects with his mouth

By the end of month five a baby typically:

- Pays attention to small objects
- Experiments with the concept of cause and effect
  Can see across the room
- Begins to use hands in a raking fashion to bring toys near

By the end of month six a baby typically:

- Keeps head level when pulled to sitting position
- Sits by self with minimal support
- Reaches for and grabs objects
- Rolls over and back
- Drinks from a cup with help
- Can hold bottle

By the end of month seven a baby typically:

- Turns in the direction of a voice

By the end of month eight a baby typically:

- Rolls all the way around
- Sits unsupported
- Gets on arms and knees in crawling position

By the end of month nine a baby typically:

- Reaches for toys
- Goes from tummy to sitting by self
- Picks up tiny objects

By the end of month 10 a baby typically:

- Transfers object from hand to hand
- Stands holding onto someone
- Pulls to standing

By the end of month 11 a baby typically:

- Claps hands
- Waves bye-bye

By the end of month 12 a baby typically:

- Crawls well
- "Cruises" furniture
- Walks with adult help
- "Dances" to music
- Pushes away what he doesn't want
- Prefers to push, pull and dump items

By the end of month 14 a child typically:

- Takes two or three steps unassisted or may walk
- If walking, may be learning to run
- Stands alone well

By the end of month 16 a child typically:

- Walks well
- Imitates activities

By the end of month 18 a child typically:

- Runs
- Enjoys climbing
- Points to nose, eyes and mouth
- Walks while carrying toys
- Bends over easily to pick up toys
- Enjoys small riding toys

By the end of month 20 a child typically:

- Walks up steps

By the end of month 24 a child typically:

- Jumps and runs well

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(Continued from page 4)

- Biosynthetic vaccines contain synthetic ("man-made") substances. For example, the Hib (Haemophilus influenza type B) conjugate vaccine is a biosynthetic vaccine containing two antigens that are combined to form a "conjugate" molecule that triggers the immune system to produce antibodies that are effective against this disorder.

IMMUNIZATION SCHEDULE

The recommended schedule of immunizations may vary slightly as new and more effective vaccines are developed. Consult your primary health care provider about the specific immunizations needed. A recommended immunization schedule for children includes:

Age	Vaccine:
Birth	HBV*
2 months	polio, DPT, Hib, HBV*
4 months	polio, DPT, Hib
6 months	DPT, HBV*, polio and Hib
12 months	Hib** (if not given at 6 months and depending on which formulation). The child may also be tested for TB (tuberculosis).
15 to 18 months	Polio, DPT, MMR (Hib and polio optional, if not given earlier)
4 to 6 years	DPT, MMR (MMR may be delayed to age 11 to 12)
14 to 16 years	Td (repeat as a booster every 10 years)

DPT (DTP): diphtheria/pertussis/tetanus (3-in-1 vaccine; 5 total doses recommended).

MMR: measles / mumps / rubella (3-in-1 vaccine; 2 total doses recommended).

Td: adult tetanus/diphtheria (2-in-1 vaccine; for use in people over age 7).

*HBV: Hepatitis B ; optional schedule: three doses; one at 1 to 2 months, one at 4 months, and one at 6 to 18 months. Adults who have not received hepatitis B vaccination and do not test positive for the virus but who are at risk of contracting the disease, should be immunized.

** Hib recommendations vary. The conjugated vaccine may be given as shown. If this is not available, polysaccharide vaccine can be given after age 2 years. At least one immunization by age 2 years is currently recommended; children in day-care centers or preschool should begin vaccination at least by 18 months.

Recommended immunizations for adults:

(Continued on page 10)

From the Pharmacist:

LCDR Derrick Clay, MSC , USN

Over The Counter (OTC) Medication Program

In the short while I have been at Branch Medical Clinic, Iwakuni, I have received numerous inquiries about an over the counter (OTC) medication program. Many of you may have had an OTC program at previous duty stations.

What is an OTC program?

An OTC program is designed to make designated over the counter medications available without a prescription for minor illnesses (i.e. cough/cold) which would not normally warrant a visit to the doctor. A limit is set as to how many medications may be obtained per family every 30 days.

What an OTC program is Not:

An OTC program is not for eligible beneficiaries to "stock up" by obtaining items every 30 days when they are not needed. The medications are made available for those times the patient actually needs them.

OTC programs can be cost beneficial when used appropriately but can be cost prohibitive when abused, and can lead to discontinuation of the program. Branch Medical Clinic Iwakuni will be implementing an OTC program beginning **01 October 2000**. Medications may be obtained at the Pharmacy window during working hours by completing the OTC Medication Form. A Pharmacy staff member will ask you questions regarding your current illness/condition to help you choose the appropriate medication. There will be a limit of 3 items per family every 14 days. The following restrictions will apply:

-No medications will be dispensed to pregnant patients.

-No medications will be dispensed to persons under 18 years of age.

-No medications with systemic effects will be dispensed to personnel on flying status.

-Civilian "Pay Patients" may only use the OTC Program on the same day they are seen by a provider. If used on another day, a charge for one outpatient visit will be assessed. (Sory, higher authority rules must be followed).

The Pharmacy Department and Branch Medical Clinic look forward to providing this service to you. If you have any questions about this program or any question the Pharmacy staff may be able to help you with, please give us a call at 253-3010.

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He who enjoys good health is rich, though he knows it not.

~ Italian Proverb ~

(Continued from page 6)

- Kicks and throws a ball
- Goes up and down stairs by self

By the end of 36 months a child typically:

- Alternates feet when walking up and down steps
- Uses a pedal tricycle
- Follows a two- or three-part command
- Interested in "pretend" play

During the fourth year of life a child typically:

- Catches a bouncing ball
- Climbs ladders and trees
- Jumps over a six-inch-high object
- Prefers playing with others over playing alone
- Plays games with simple rules, such as hide-and-seek

During the fifth year of life a child typically:

- Skips and jumps rope
- Catches bounced balls
- Rides a tricycle and shows interest in bicycles
- Able to run on tiptoes
- Attempts activities requiring complex coordination (swimming, roller-skating, etc.)

HELPING YOUR CHILD'S PHYSICAL DEVELOPMENT

Babies and young children learn primarily through movement and their senses how to deal with gravity, to keep their balance, to move their body through space, about time and sequence of events.

A child's growth is a contiguous process, a gradual sequencing from one stage of physical and mental development to another. "Each child sits before he stands; he babbles before he talks" (Gesell). It's a marvelous process to watch and a marvelous opportunity for parents to foster an implement important periods of growth.

At School:

In reality, the responsibility of the parent is twofold. Not only should proper emphasis be placed on movement and exercise in the home but whenever possible the school's approach to physical education should be monitored. A good PE program in elementary school ideally will offer three or four periods a week of 45-60 minutes' duration. The program need not necessarily be highly structured and should certainly not be highly competitive. Movement is the key, and that can include simple activities (running in place, jumping jacks) and games (Simon Says, Twister). The PE program should progress developmentally from grade to grade and should be designed to offer maximum benefit to every child, no matter how small or late-maturing.

A word of caution: Parents must be careful of physical conditions that might limit a child's movements and participation. Most school's ask, for their records, that a medical report be on file at the school, but it is the parent's responsibility to see that the report is accurate and up to date and that everyone on the faculty who needs to be aware of the report knows about it.

In the Community:

For youngsters who are interested in competitive sports, almost every community offers after-school and summer sports such as soccer, baseball, and football. But *these highly* organized activities can promote stress if emphasis is place on winning rather than just enjoying the game. An observant parent can usually quickly tell if the child is paying a high emotional price rather than just having fun. And it should be noted that in some highly organized sports, the youngsters spend more time standing around and watching than actually participating.

At Home:

Parents are enormously busy people, perhaps both parents work outside the family. Also, there are several children in the family with differing needs and demands, perhaps it is a one-parent family. The activities that follow are offered with precisely those situations in mind. they are simple, inexpensive, enjoyable, and can be adapted for groups (the whole family and/or friends) as well as for individual youngsters.

Simple Motor Activities:

- Keep a simple record of your child's physical development. Every year on his birthday, write down his weight and height. Find a convenient wall space, place a ruler on the child's head, draw a line and date it. Children love to watch how much they have grown. While your child is standing in place, have him count the number of times he can go up and down on his toes.
- Set aside time in the family schedule for a family walk, perhaps just 15 minutes, or a Saturday afternoon leisurely hike for an hour or more depending on the youngster's age and stamina. A family walk is a great way for parents and siblings to interact and chat something that is often difficult to fit into the busy lifestyles of the nuclear family. Walks can also provide an in-dept look at changes in Mother Nature and the community during different seasons of the year.
- And then there are the very simple motor activities: hopping, jumping, skipping, and climbing. All are important in a child's growth patterns. Each one calls upon various muscle groups to require extensive use.
- Remember hopscotch? All that is needed is a piece of chalk and a couple of pebbles. If parents will recall their own childhood, they may tap into some games that were fun and that, without knowing it; build strong bones and muscles.
- Try rolling on a level plane or on a hill. Inside. Outside. How many different ways can the child roll? Arms outstretched; arms at sides; one arm stretched the other to the side, slow rolls. Fast rolls.
- Head and neck exercises. Turn head side to side, down and up, while standing, sitting, lying on the back and on the stomach.
- Have the child walk across a fallen log or along a narrow curb. Have him repeat the walk, holding a bulky object in one hand, then the other hand, over his head. Repeat going backward and sideways.
- Row a boat on dry land. The child must calculate which oar to use in order to turn a specific direction (The parent will have to figure this one out first!).
- Water activities for pool, lake, or rub (be prepared to get splashed!). Hold a ball and ask the child to hit it with his hands (right and left), elbows, knees, feet. If swimming

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lessons are available, enroll your youngster. The earlier the better.

- Just tossing a ball from parent to child is excellent for eye-hand coordination as well as large muscles. Don't let the activity get boring. Vary it by asking the child to kick the ball (using alternate feet) or batting it (with alternate hands). Ball size is important. Large enough for a success experience. Small enough for a challenging experience.
- Don't forget beanbags - quite a different experience from throwing or catching a ball. Let the child toss and catch it himself; standing, sitting, lying down, alternate hands. Can he catch it on the top of his hand? a shoulder? a knee? a foot?
- Differing chairs. The child sits down and gets up from chairs and stools of varying heights, descending and standing up slowly and without using his hands. The lower the chair, the more difficult the task.
- Kangaroo hop. Have the child hold something (for example, a beanbag or if you want to make it difficult, an apple or an orange) between his knees, then jump with feet together. Frontward, backwards, sideways.
- Save your large bleach bottles. With the bottoms cut off, they make nice scoops for catching games, using tight objects such as a whiffle ball or beanbag.
- Wheelbarrow. Hold the child's legs while he "walks," with his hands along a marked route.
- Find a place where the child can see his shadow. Then see how creative you can be in directing his activities: "Make your shadow tall, short, wide, thin, make it jump, stand on one foot, touch its feet," etc.

Much of the activities that have been described can, for the most part, be done inside or out. It is important that they be done in a spirit of good fun and recreation. Once they become a chore, the child, either subtly or overtly, will decrease his effort and the sought after physical development will diminish. The secret probably ties in offering a variety of activities with an attitude of good cheer. And there may be a bonus – parents may discover that they, too, are in better shape!

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In healing, the body is restored to itself. It begins to live again by its own powers and instincts, to the extent that it can do so. To the extent that it can do so, it goes free of drugs and mechanical helps. Its appetites return. It relishes food and rest. The patient is restored to family and friends, home and community and work.

Excerpt from ***"Another Turn of the Crank"*** *by Wendell Berry*

From Health Records

HMC Ray Amparo USN

New Method Of Filing Radiological Exam And Laboratory Test Results

Radiological examinations and laboratory tests are routinely administered as part of patients' medical care. After the physician is notified of the results, the printed copies are sent to the Health Records Division for filing in the patients' Health Record. The task of filing test results after the patients' doctor visit is time consuming and labor intensive.

A Process Improvement review of the existing process has led the Health Records Division to adopted a new method of filing test results. Results are no longer printed after the patients' visit, rather they will be kept in the computer's database until the patients' PCS (transfer) day when the results will be printed and filed in the Health Record as part of the patients' medical check-out process. The new method will save man hours and return the Health Records to the storage rack quicker.

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Refractive Surgery for Active Duty Members

LCDR Brian Alexander

U.S. Naval Hospital Yokosuka Ophthalmology

In recent years there have been many advances in the field of "refractive surgery." These are surgeries that correct vision problems that require glasses or contacts. The Navy has also been making strides in this area, and to this end many active duty members are starting to ask if they can have these procedures done. This article will hopefully serve as a starting point to answering the questions that service members have.

There are four surgical procedures commonly being performed by civilians in the United States. One is Radial Keratotomy (RK) which involves cutting into the clear surface of the eye (the cornea) with a diamond knife. RK has been assessed by Navy Ophthalmologists and does not produce stable visual correction in operational environments. Photorefractive Keratectomy (PRK) involves a re-sculpting of the surface of the cornea with a laser and is currently the procedure that is done at navy facilities. Laser In Situ Keratomileusis (LASIK) is similar, but before the laser is used a section of the cornea's surface is surgically cut into a flap. After the laser re-sculpts the interior of the cornea the flap is replaced into its original position. Intra-Corneal Ring (ICR) implant surgery involves inserting synthetic material rings into the

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Tetanus/diphtheria: A primary immunization series should be given once (if not received as a child), then routine booster doses of tetanus-diphtheria (Td) should be given every 10 years.

WHERE AVAILABLE

Immunizations can be provided by the primary health care provider. The Health Department also provides immunizations, usually at a much lower cost than when obtained at the primary health care provider's office.

TIPS FOR PARENTS

Most of the immunizations must be given as an injection (shot) because the acids in the stomach make most oral vaccines ineffective. So far, only the polio vaccine can be given by mouth.

To make this experience easier for the child:

- Tell an older child what is going to happen. Explain that the injection is to keep the child safe and healthy. Knowing ahead of time what to expect may be reassuring for the child.
- Explain to the child that it is OK to cry, but suggest that the child try to be brave. Some children are reassured if the parent explains that they do not like injections either but they try to be brave. Praise the child after the injection is over.
- Distraction at the moment of the injection is helpful. For example, have the child look away (perhaps at a picture on the wall), have them count or say their "ABCs", or tell them something funny at the time of the injection. By the time the child finishes looking or laughing, the injection is over.

Try to be calm. The child will notice if the parent cringes before the shot!

Plan something fun for after the injection. A trip to the park or playground, eating out, playing with the child, or other entertainment after the injection can make the next immunization experience less fearful.

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TRICARE: Coming to 'terms' with Deductibles, Cost Shares and Co-pays

HM3 Nadine Christman

USNH Yokosuka TRICARE Service Center

What are cost shares? How are they different from co-pays? And what is a premium?

These are terms often heard in the world of TRICARE, but does anyone really know what they mean? By the time you finish this article you will have a understanding of these terms.

Deductibles

A deductible is a set amount of money that the beneficiary must pay annually before insurance starts paying a percentage of costs. TRICARE Standard has a deductible that varies depending on sponsor's rank and number of family members. For example, if an Active Duty member with the rank of E-6 has 2 family members in TRICARE Standard, he would be responsible for the first $300 dollars of their medical care each year. Once that first $300 is paid, TRICARE will begin paying its percentage. **TRICARE Prime has no deductible to meet.**

Cost Shares. A cost share is the percentage of costs the beneficiary is responsible for after the deductible is met. TRICARE Standard pays 80% of outpatient costs for active duty family members after the annual deductible is met. The remaining 20% is the cost share. **TRICARE Prime has no cost shares for outpatient care.**

Co-pays. A co-pay is a low, fixed payment, which the beneficiary pays directly to the provider at the time of the service. TRICARE Prime civilian network physicians in CONUS require a co-pay for outpatient care. **TRICARE Prime overseas does not have a co-pay.** TRICARE Standard utilizes cost shares rather than co-pays for outpatient care.

Premiums. A premium is an up-front annual or quarterly fee paid in advance for medical coverage. Active duty members and their families DO NOT pay premiums for TRICARE Prime and Standard. Retirees living in CONUS who choose to enroll in Prime will be required to pay an annual premium for medical coverage for themselves and their families.

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The Health Care Information Line (HCIL)

Valuable, Reliable Health Care Information

CALL TOLL FREE: (Local call charges may apply)

- **Japan 0053-11-4621 or 1-800-917-4372 (LD charges apply)**

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cornea where they remain.

ALL USN and USMC active duty personnel must obtain written permission from their commanding officers before any type of refractive surgery is performed, regardless of their position, warfare rating, type of surgery, or location for surgery (Navy or civilian). They all must also have pre-operative counseling by a Navy medical representative. All applicants for refractive surgery must be at least 21 years old. Active duty personnel not assigned to warfare communities can elect to have refractive surgery performed, either at a Navy PRK center or by a civilian ophthalmologist. Active duty members in a warfare community have further restrictions applied.

For the surface warfare, submarine warfare, and USMC communities, PRK and LASIK are both allowed and no longer require waivers to remain on active duty. Other forms of surgery are considered disqualifying. For divers and SPECWAR personnel, PRK surgery is allowed and no longer requires a waiver to remain on active duty. However, LASIK and all other forms of refractive surgery are considered disqualifying and will not normally be considered for waivers. In the USN and USMC aviation warfare community there are stricter rules. Any refractive surgery for all personnel who are flying class one, flying class two and class three-designated enlisted aircrew and flight deck personnel will be considered disqualifying. Waivers will be considered only for PRK surgery and only if the member is part of a Navy sponsored clinical study.

The Navy recently endorsed the opening of five PRK surgical centers in the U.S., but until sufficient funds, equipment, resources, and personnel are allocated the only hospital currently available for PRK is San Diego (and this on a limited basis only). Rumors are everywhere, but active duty members need to be patient. There is currently a waiting list of over 5,000 people for PRK in San Diego.

Patients requesting PRK in the Navy are given a priority level based on operational need, probability of mission performance enhancement, and issues of personal safety in the performance of duty. For example, a higher priority is limited to personnel whose military duties, without question, require them to regularly work in extreme physical environments where the use of glasses or contacts would be unsafe, and would likely compromise mission performance (such as Navy SEALS).

If an active duty member feels he or she is a candidate, their commanding officer must determine their priority level and grant written permission for the surgery on a special form. The Ophthalmology Department at USNH Yokosuka can then review the recommendation and if considered valid can conduct a screening exam to see if the member is medically eligible for the surgery. A request is then sent to San Diego and is considered for scheduling.

Commanding officers and personnel requesting surgery need to keep in mind that after surgery there will be an average of one week of Convalescent Leave. Although most patients can return to doing MOST of their duties after this, it may take anywhere from one to four months before a return to full and unrestricted duty. The costs of travel, lodging, etc. are paid by the member's command or by the members themselves at the commanding officer's discretion.

Eligible active duty members can seek refractive surgery in the civilian sector as long as they meet the requirements above. This practice is discouraged for numerous reasons, including liability issues, lack of follow-up with the civilian surgeon (especially if there are complications), travel problems, issues of disability if the surgery is unsuccessful, and the potential to have career paths restricted or even the potential of being dismissed from the military.

All the costs of civilian refractive surgery must be paid by the member, including travel, lodging, physician fees, hospital fees, etc. The costs of these procedures are not covered by any Navy medical program, including TRICARE. The Ophthalmology Department at USNH Yokosuka will assist in providing the required counseling for active duty members seeking surgery by a civilian, but pre-operative eye exams and follow-up visits are the sole responsibility of the physician performing the procedure.

The above requirements do NOT apply to new accessions to the Navy or Marine Corps, nor to personnel seeking to enter a particular warfare community. There are separate sets of requirements for these cases. The Navy does NOT provide refractive surgery for dependents, nor does it help pay for these procedures to be done for dependents by civilian ophthalmologists. Air Force and Army personnel are not eligible for refractive surgery in a Navy program.

For more information on these issues there is an excellent website that can be accessed from;
http://navymedicine.med.navy.mil// . This site also provides the required forms for those interested in having refractive surgery done.

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"To laugh often and much; to win the respect of intelligent people and the affection of children; to earn the appreciation of honest critics and endure the betrayal of false friends; to appreciate beauty, to find the best in others; to leave the world a little better; whether by a healthy child, a garden patch or a redeemed social condition; to know even one life has breathed easier because you have lived. This is the meaning of success."

-Ralph Waldo Emerson-